

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. **14483**

FILED MAY 4 1955

BIRTH NO.		REG. DIST. NO. 370		PRIMARY REG. DIST. NO. 6256		Registrar's No. 34	
1. PLACE OF DEATH a. COUNTY Wayne				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Wayne			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Jefferson Sup.		c. LENGTH OF STAY (in this place) -		c. CITY OR TOWN -		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION -				STREET ADDRESS (If rural, give location) M^c Lee, Mo.			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS		b. (Middle) MAISON		c. (Last) BURNS		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1955	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 11, 1891	
9. AGE (in years last birthday) 84		IF UNDER 1 YEAR Months Days		IF UNDER 1 Wks. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Refr. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Refr. Farmer		11. BIRTHPLACE (City and State or Foreign Country) Princeton, Indiana		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Joshua Burns		13b. MOTHER'S MAIDEN NAME Opheelia Hooper		14. NAME OF HUSBAND OR WIFE Julia VanCampen Burns			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Harriet D. Stiltz, M^c Lee, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infection from Leg Amputation ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes DUE TO (c) Scurvy II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from April 15, 1955 , to April 19, 1955 , that I last saw the deceased alive on April 15, 1955 , and that death occurred at 7 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. C. Masters		23b. ADDRESS So. Advance Mo.		23c. DATE SIGNED April 22, 1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Buried		24b. DATE 4/21/55		24c. NAME OF CEMETERY OR CREMATORY M^c Lee Cemetery		24d. LOCATION (City, town, or county) (State) Wayne County, Missouri	
DATE REC'D BY LOCAL REG. April 25, 1955		REGISTRAR'S SIGNATURE Julia		49570		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mrs. Floyd S. Mayson, Jr. Advance	

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.